

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	T-G		9/14/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LT	56708	9-28-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
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21	✓
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37	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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